

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	•Town	County	MARYLAND
Date of death	Month	Day	Years
1907	11	22	Age 56
Sex	Color or Race	Birth-place	Days
Female	white	Talbot Co. Md.	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Singleton A. Aldridge	
Father's Name	John Shultz	Father's Birthplace	Hampstead, Md
Mother's Maiden Name	Susan Burall	Mother's Birthplace	Talbot Co. Md
Name of person giving information	Singleton A. Aldridge	How related to deceased	Husband

CAUSES OF DEATH

27

How long

17 years

How long

7 days

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis

Immediate Pleurisy

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

H. H. Hopkins M. D.

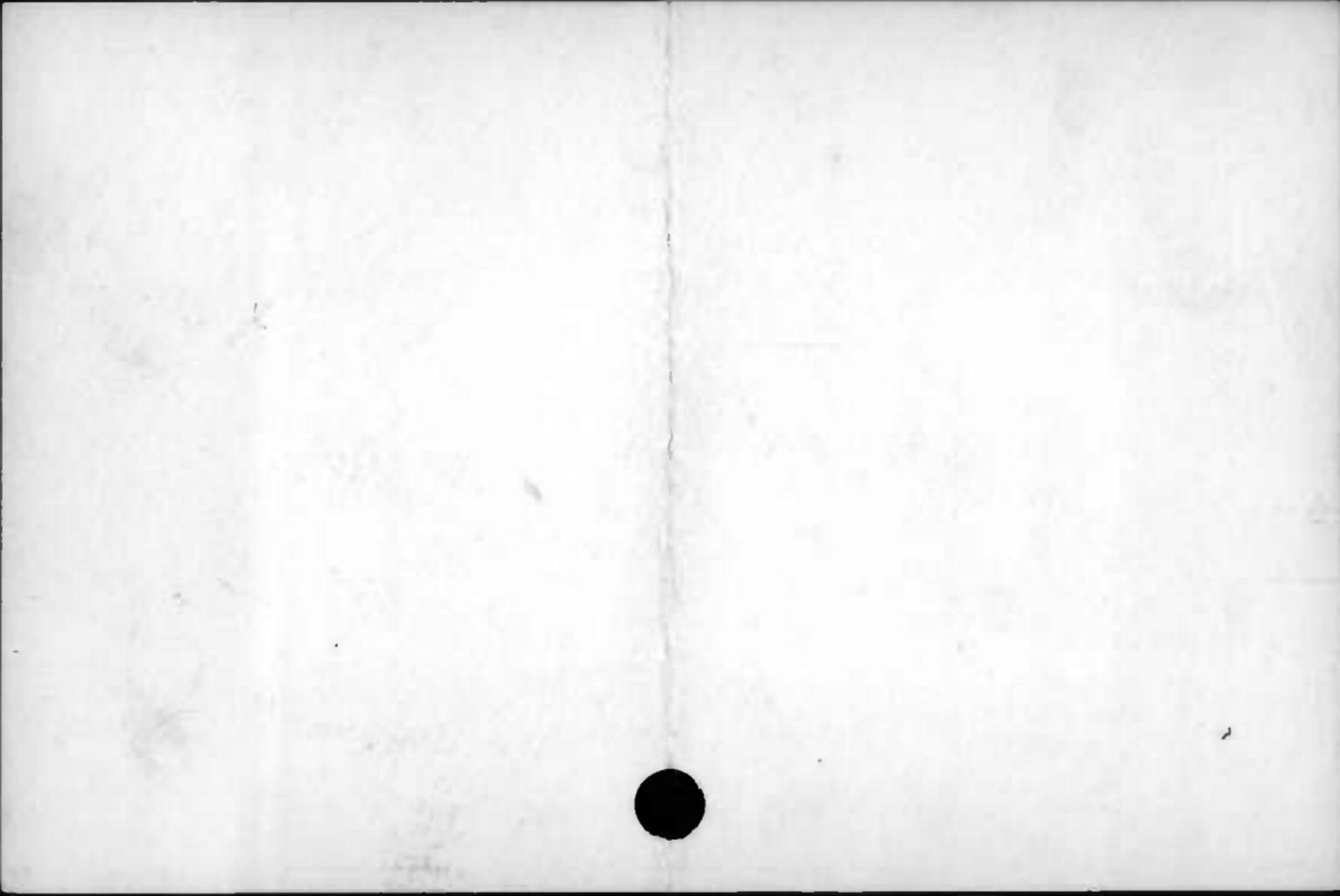
Address

New Market

Maryland

Accident or Suicide?

no



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN OR CORONER	Died at Smallwood		Town	Arnold	County	MARYLAND	
	Date of death 1907	Month Nov	Day 4	Years	Months	Days	
	Sex Male	Color or Race white	Age	Birth-place Md			
	Occupation	Where Residing if not at place of death					
	Married, Single or Widowed Single	Name of Wife or Husband					
	Father's Name Richard Arnold	Father's Birthplace Md					
	Mother's Maiden Name Emilia Spencer	Mother's Birthplace					
	Name of person giving information Richard Arnold	How related to deceased Father					
	CAUSES OF DEATH						
Primary	Still Born			How long			
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	J. J. Coonan M.D.			
			Address	Westminster			
Accident or Suicide? 							

Stones

West Park cemetery

Name
in
Full

Hannah Baker

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>New Windsor</u>		Town <u>Carroll</u>	County	MARYLAND		
Date of death <u>1907 Nov 25</u>	Month <u>Nov</u>	Day <u>25</u>	Years <u>72</u>	Months <u>8</u>	Days <u>11</u>	
Sex <u>Female</u>	Color or Race <u>White</u>				Birth-place <u>Maryland</u>	
Occupation <u>Home Wife</u>	Where Residing if not at place of death			<u>New Windsor</u>		
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Joseph Baker</u>					
Father's Name <u>Lori Almibus</u>				Father's Birthplace <u>New Windsor</u>		
Mother's Maiden Name <u>Sarah Almibus</u>				Mother's Birthplace	<u>"</u>	
Name of person giving information <u>Philip B. Snader</u>				How related to deceased	<u>No</u>	

CAUSES OF DEATH

(157)

PHYSICIAN
OR CORONER

Primary

Immediate

Strangulation

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. Edward Great J.P.
acting as Coroner

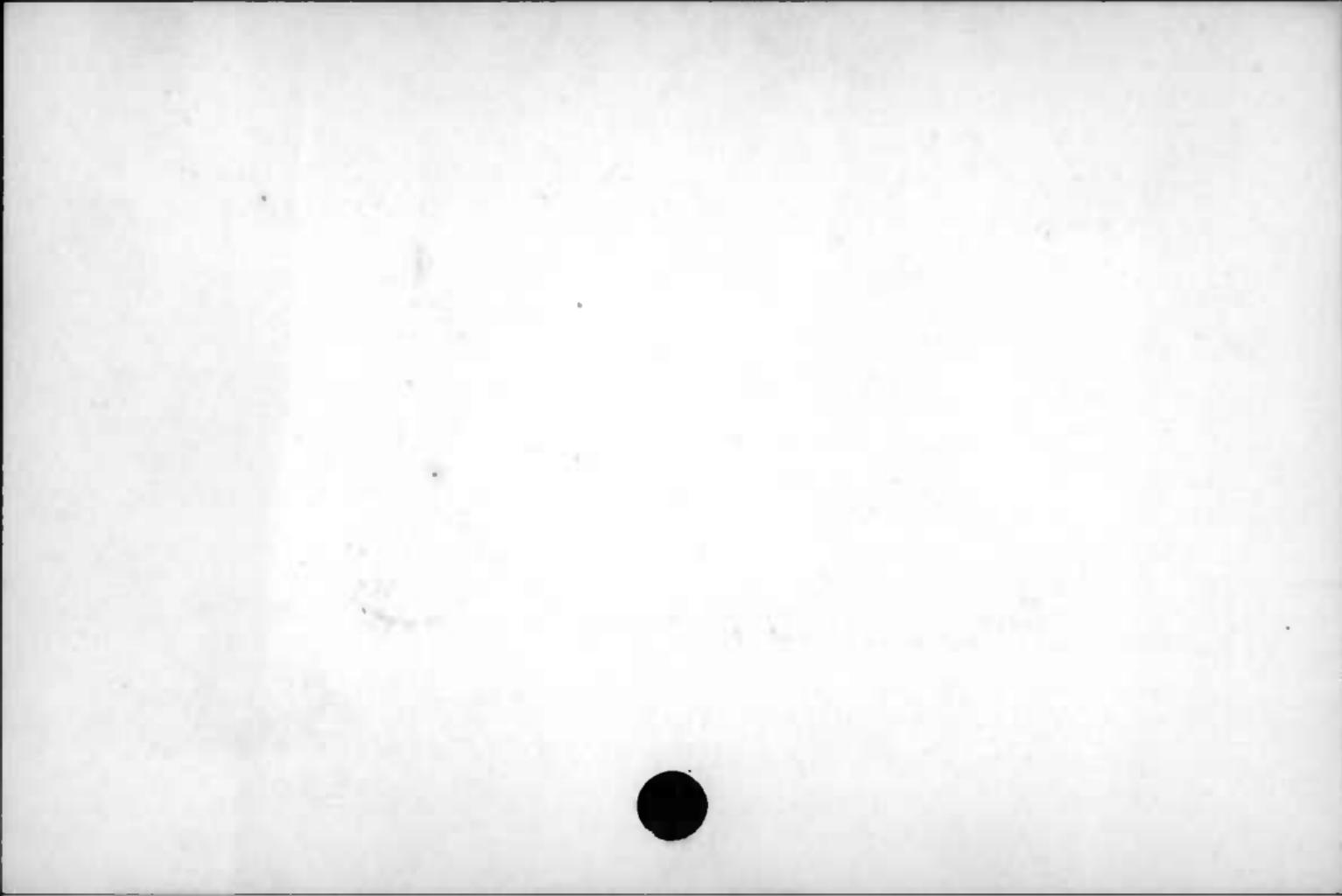
Address

New Windsor

Md.

Q Suicide

Accidental Suicide? yes



Name
in
Full

Maggie V. Barnhart -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Manchester</u>		County <u>Carroll</u>		MARYLAND		
Date of death <u>1907</u>	Month <u>Nov</u>	Day <u>25-</u>	Age <u>33</u>	Years	Months <u>9</u>	Days <u>16</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Carroll Co Md</u>				
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>-</u>					
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>John T. Lawson</u>		Father's Birthplace <u>Carroll Co Md</u>			
Father's Name <u>John T. Lawson</u>	Mother's Maiden Name <u>Mary A. Houck</u>		Mother's Birthplace <u>York Co Pa</u>			
Name of person giving information <u>John T. Lawson</u>	How related to deceased <u>Father</u>					
CAUSES OF DEATH						
Primary <u>Lobular Pneumonia</u>	How long <u>93</u> How long <u>5-days</u>					
Immediate						

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J H Sherman M.D.
Manchester
Md

Accident or Suicide?



Name
in
Full

Margaret Ann Bennett

No. 282
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month Nov	Day 19	Age 59	Years	Months 3	Days 28
Sex	Female		Color or Race	white		Birth-place	maryland
Occupation	house		Where Residing (not at place of death)				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Benjamin W. Bennett		Father's Birthplace		Maryland		
Mother's Maiden Name	Margaret Clemson		Mother's Birthplace		"		
Name of person giving information	Blanch Coosman		How related to deceased		Daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart Valvular disease		How long	about year
Immediate	Acute Congestion of Lung		How long	about 2 hours
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	I. J. Coosman M.D.
			Address	West Chester
Accident or Suicide?				

Paid to October 1st

Land Number 248

Hedderwick Cemetery

Name
in
Full

Noah Bixler

275
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Died at	Crauberry	Carrolle			
Date of death	Month	Day	Years	Months	Days
1907	Nov	6	Age 77	4	9
Sex	Male	Color or Race	White	Birth-place	Carroll Co Md
Occupation	Retired Farmer	Where Residing if not at place of death			Home
Married, Single or Widowed	Married	Name of Wife or Husband	Sarah Bixler	Father's Birthplace	Pennia
Father's Name	John Bixler	Mother's Maiden Name	Mary Wheeler	Mother's Birthplace	Reseda
Name of person giving information	Ms. V. Bixler	How related to deceased	Wife		

CAUSES OF DEATH

79

How long

some years

How long

Instantaneous.

Primary

Hypertrophy of Heart
Heart Failure

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Bald Eagle seen
Massachusetts. Green
Stones.

Name
in
Full

Edward Ely Buckley

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	18	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Lingwood		
Father's Name	Pannie O. Buckley			
Mother's Maiden Name	Mary Maryland			
Name of person giving information	John C. Buckley			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Interstitial Nephritis

120

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

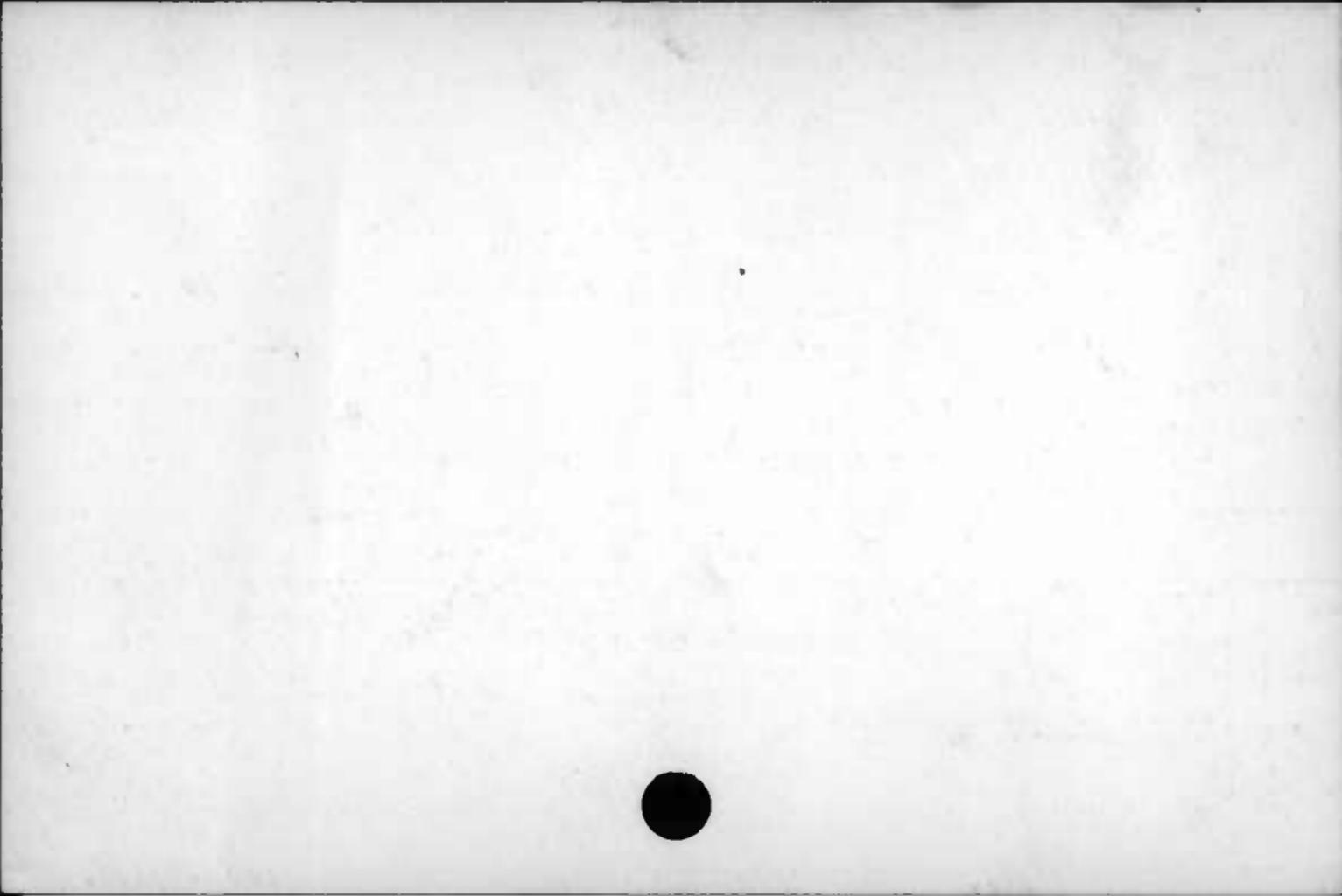
Signature of Physician

Address

Sedgwick Whitehill

New Windsor
Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1907	Nov	26	80	2	26	
Sex	man	Color or Race	White	Birth-place	Jamie	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Akka an Buckingham			
Father's Name	Belie Buckingham		Wifield			
Mother's Maiden Name	Unknown		Unknown			
Name of person giving information	Charles F. Buckingham					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

Mitral Insufficiency

How long

3 Year

Immediate

Heart Failure

How long

udden

Are the name, age, sex, color, date and place correctly given above?

Yes

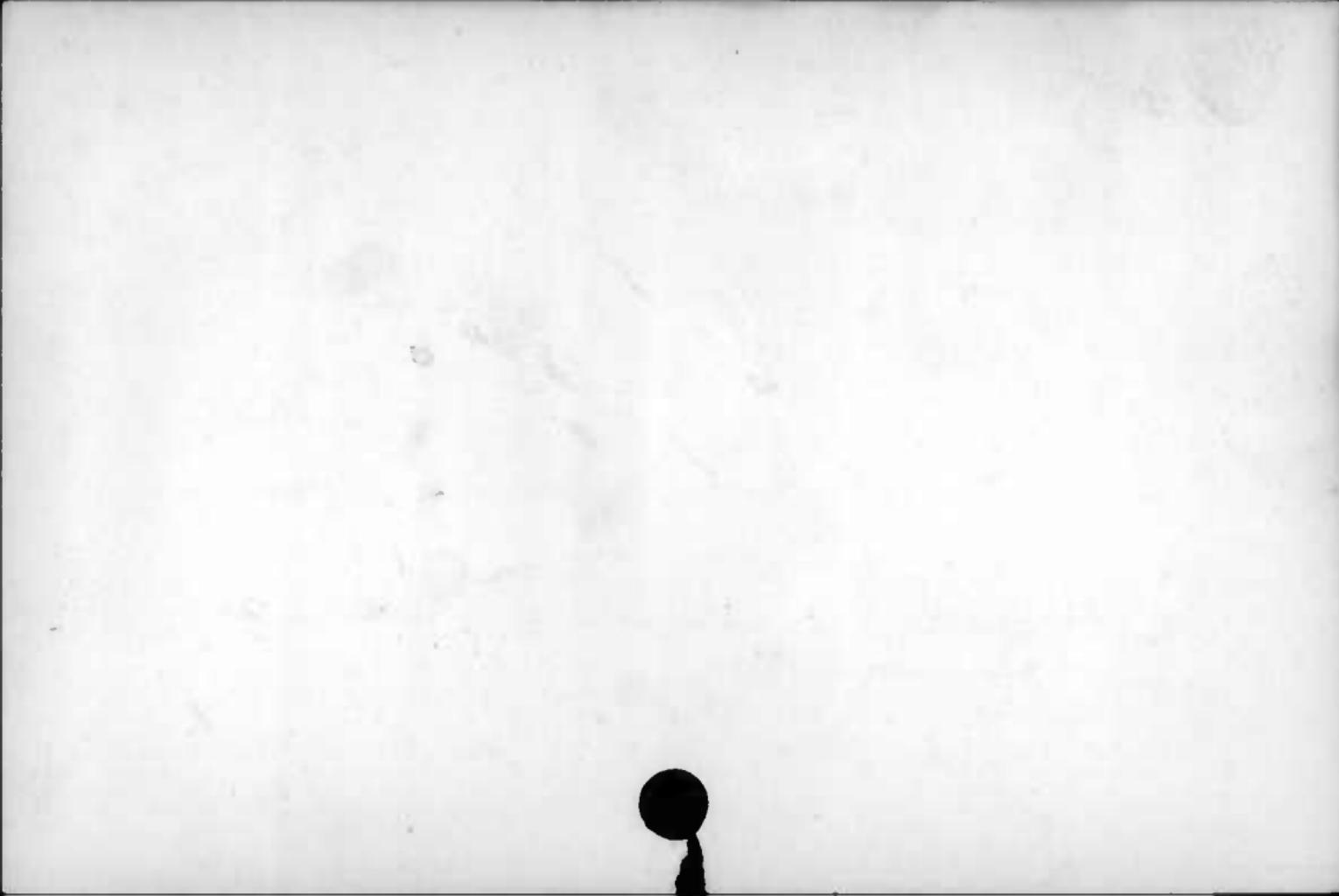
Signature of Physician

Ed Crook

Address

Wifield

Accident or Suicide?



Name
in
Full

Emma Burgess

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at home in Marriottsville		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1907	Nov.	2	40	40	-	-	
Sex	Female	Color or Race	Blac K		Birth-place	Marriottsville	
Occupation	Domestic		Where Residing if not at place of death			same	
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	George H. Burgess		Father's Birthplace			Baltimore	
Mother's Maiden Name	Sarah Edgerton		Mother's Birthplace			carroll Co	
Name of person giving information	Sarah Burgess		How related to deceased			mother	

CAUSES OF DEATH

(118)

PHYSICIAN
OR CORONER

Primary

appendicitis

3 days

Immediate

peritonitis

1 day

Are the name, age, sex, color, date and place correctly given above?

J

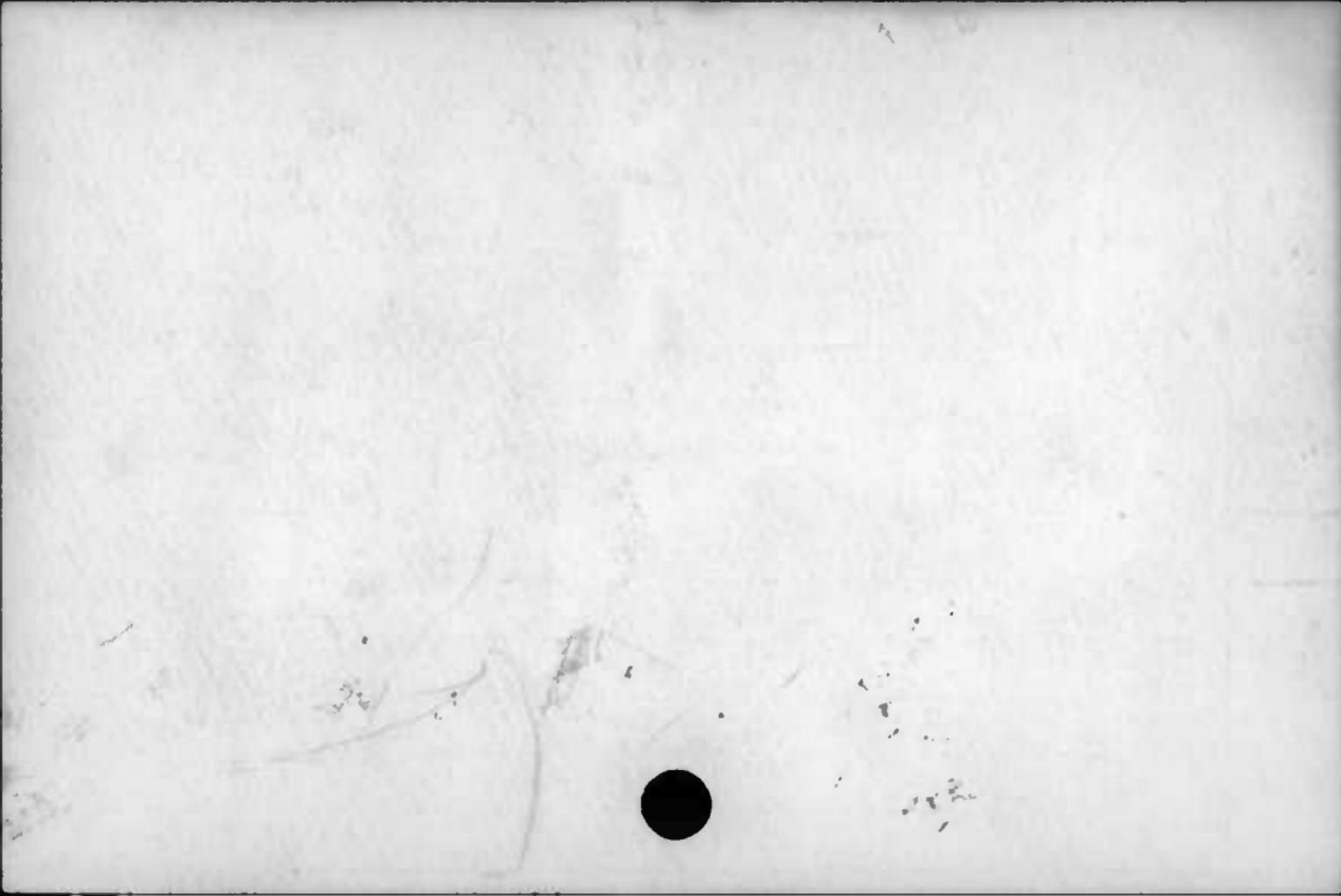
yes

Signature of Physician

Address

M D Morris,
Eldersburg

Accident or Suicide?



Name
in
Full

Mary Byers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Altaville	Town	baltimore	County	MARYLAND	
Date of death	1907 Nov	Month	11	Day	Years	Months
Sex	Femal	Color or Race	white	Age	70	Days
Occupation	Seamstress	Where Residing if not at place of death				
Married, Single or Widowed	Singl	Name of Wife or Husband	Mary M. Byers			
Father's Name	Frederick Byers	Father's Birthplace Penn				
Mother's Maiden Name	Mary Dorrham	Mother's Birthplace Mo				
Name of person giving information	Am. R. Doug	How related to deceased Ses & Co				

CAUSES OF DEATH

79

How long

PHYSICIAN
OR CORONER

Primary

Heart trouble

Immediate

Heart trouble

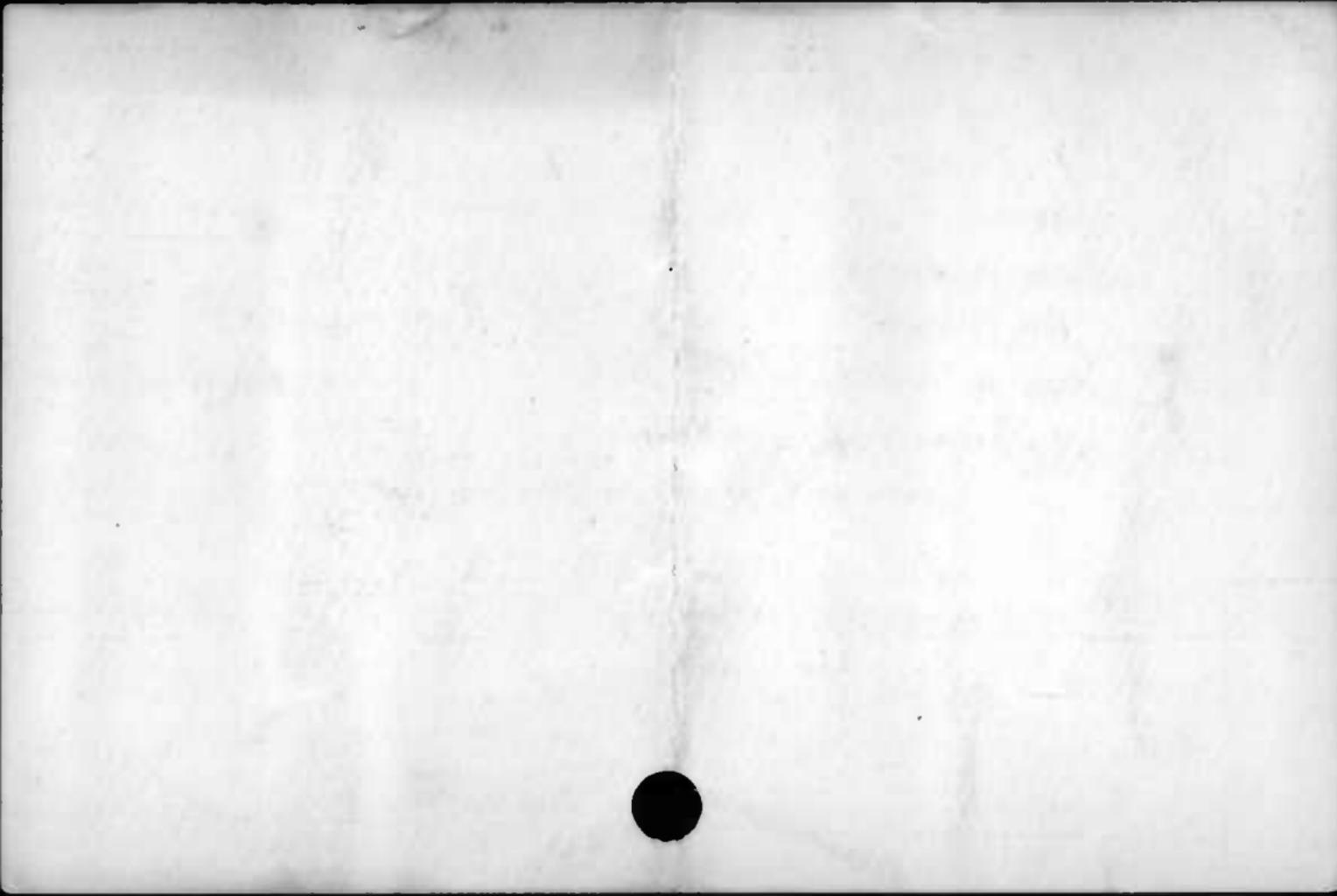
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Frank L. Seers
Coroner.

Accident or Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

		Mrs. Julia A. Danner		CERTIFICATE OF DEATH		
Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1907	Nov.	9	83			
Sex	Female	Color or Race	white American	Birthplace	New Windsor Carroll Co	
Occupation	Hauswif	Where Residing if not at place of death				
Married, Single or Widowed	Widowed	Name of Wife or Husband	Henry Danner			
Father's Name	Daniel Engle				Father's Birthplace	Don't know
Mother's Maiden Name	Annie A. Bale				Mother's Birthplace	" "
Name of person giving information	Annie E. Danner				How related to deceased	Daughter

CAUSES OF DEATH

(63)

Primary Paralysis of Respiratory Muscles How long one hour

Immediate

Are the name, age, sex, color, date and place correctly given above?

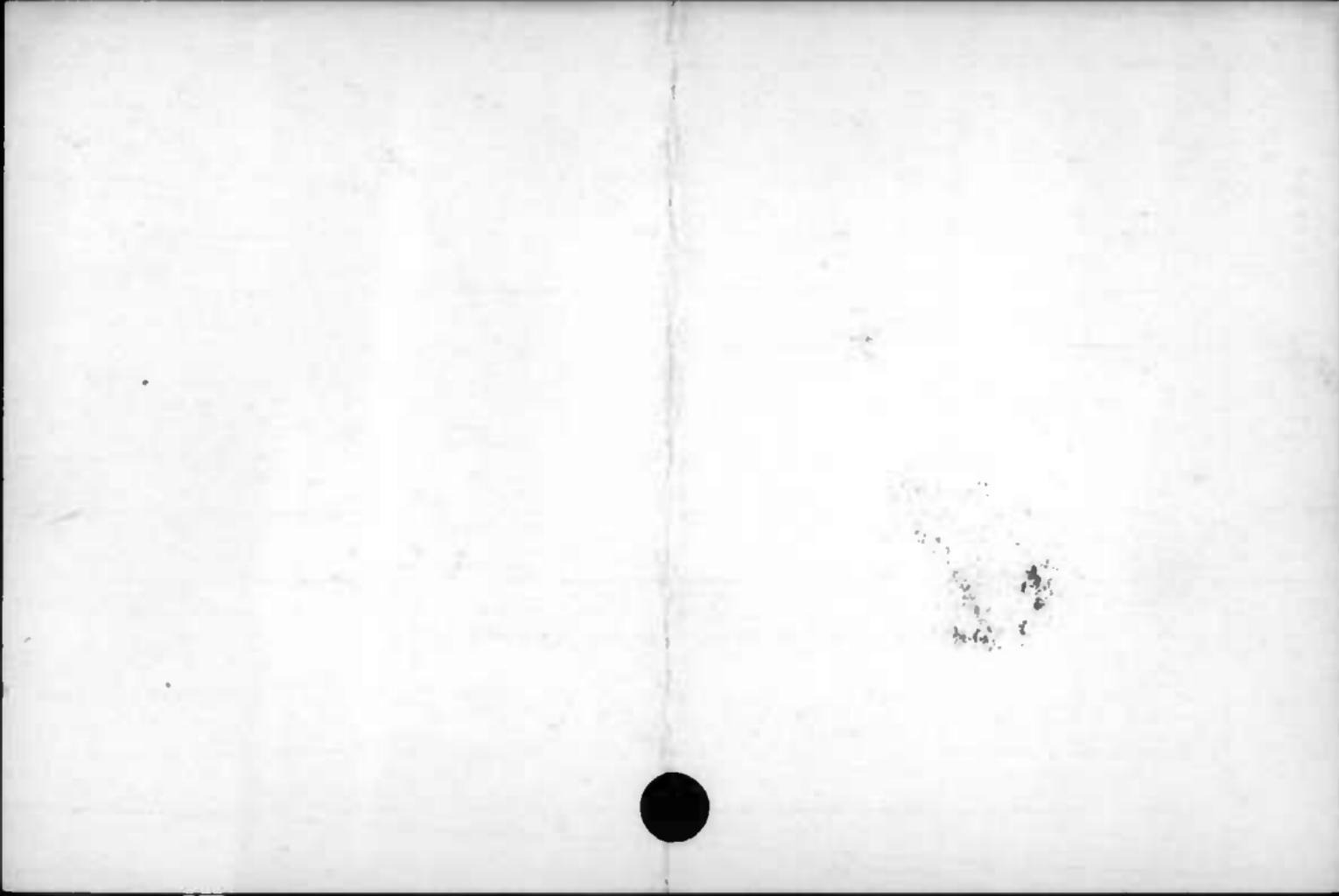
Yes

Signature of Physician

J. E. Bromwell
Mt. airy Md.

Address

Accident or Suicide?



Name
in
Full

Isaac DeGroot.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	Nov	2	Age 88	1	27
Sex	Male	Color or Race	white	Birth-place	Adams Co. Pa.
Occupation	Farmer			Where Residing if not at place of death	
Married, Single or Widowed	Married	Name of Wife or Husband	Susan Steen.		
Father's Name	Unknown			Father's Birthplace	Unknown
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown
Name of person giving Information	Susan DeGroot.			How related to deceased	wife.

CAUSES OF DEATH

44

PHYSICIAN
OR CORONER

Primary

Cancer of face

How long

15 years.

Immediate

Same.

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Harry S Crouse M.D.
Littlestown, Pa.

Address

Accident or Suicide?



Name
in
Full

Silas A. Farrow

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at near Daniel		Town	County Carroll		MARYLAND		
Date of death 1907	Month 11	Day 20	Age 48	Years	Months 5	Days 3.	
Sex Male	Color or Race White			Birth- place Carroll Co. Md.			
Occupation Farmer.	Where Residing if not at place of death near Daniel - Md.						
Married, Single or Widowed Married	Name of Wife Louisa Conaway						
Father's Name Robt. L. Farrow			Father's Birthplace Carroll Co. Md.				
Mother's Maiden Name Eliza G. Jenkins			Mother's Birthplace " " "				
Name of person giving Information J. Thos. Farrow,			How related to deceased Brother.				

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary
Diabetes

How long

4 yrs

Immediate
"

How long

"

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

E. D. Crouse
Winfield Md.

Accident or Suicide?

C. Bergeron.

Name
in
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

William L. J. Farmer

CERTIFICATE OF DEATH

Died <u>near Sam's Creek</u>	Town	County <u>Carroll</u>	MARYLAND		
Date of death <u>1907</u>	Month <u>11</u>	Day <u>28</u>	Age <u>82</u>	Months <u>9</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Carroll Co., Md.</u>			
Occupation <u>Laborer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Susanah Jenkins (deceased)</u>	Father's Name <u>Hocknow</u>	Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Hathaway</u>	Mother's Birthplace <u>Unknown</u>	Name of person giving information <u>Jacob Farmer</u>	How related to deceased <u>Son,</u>		

CAUSES OF DEATH

154

How long

gradual decline

How long

4 days

Primary

Senile Dementia

Immediate

Paralysis

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

E. D. Crout

Winfield

Carroll Co.

Accident or Suicide?

Ebenezer

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH					
Died at <u>New Taylorsville</u>			County <u>Carroll</u>		
Date of death <u>1907</u>	Month <u>11</u>	Day <u>1</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>New Taylorsville, Md.</u>			
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Augustus Flemming</u>	Father's Birthplace <u>Carroll Co., Md.</u>				
Mother's Maiden Name <u>Elsie Gunn</u>	Mother's Birthplace <u>" " "</u>				
Name of person giving information <u>Augustus Flemming</u>	How related to deceased <u>Father</u>				
CAUSES OF DEATH					
Primary <u>Premature Birth</u>	How long <u>(S)</u>				
Immediate <u>"</u>	How long <u>"</u>				
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician				
	Address				
Accident or Suicide?					

Gaylordsville

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Eliza Forney

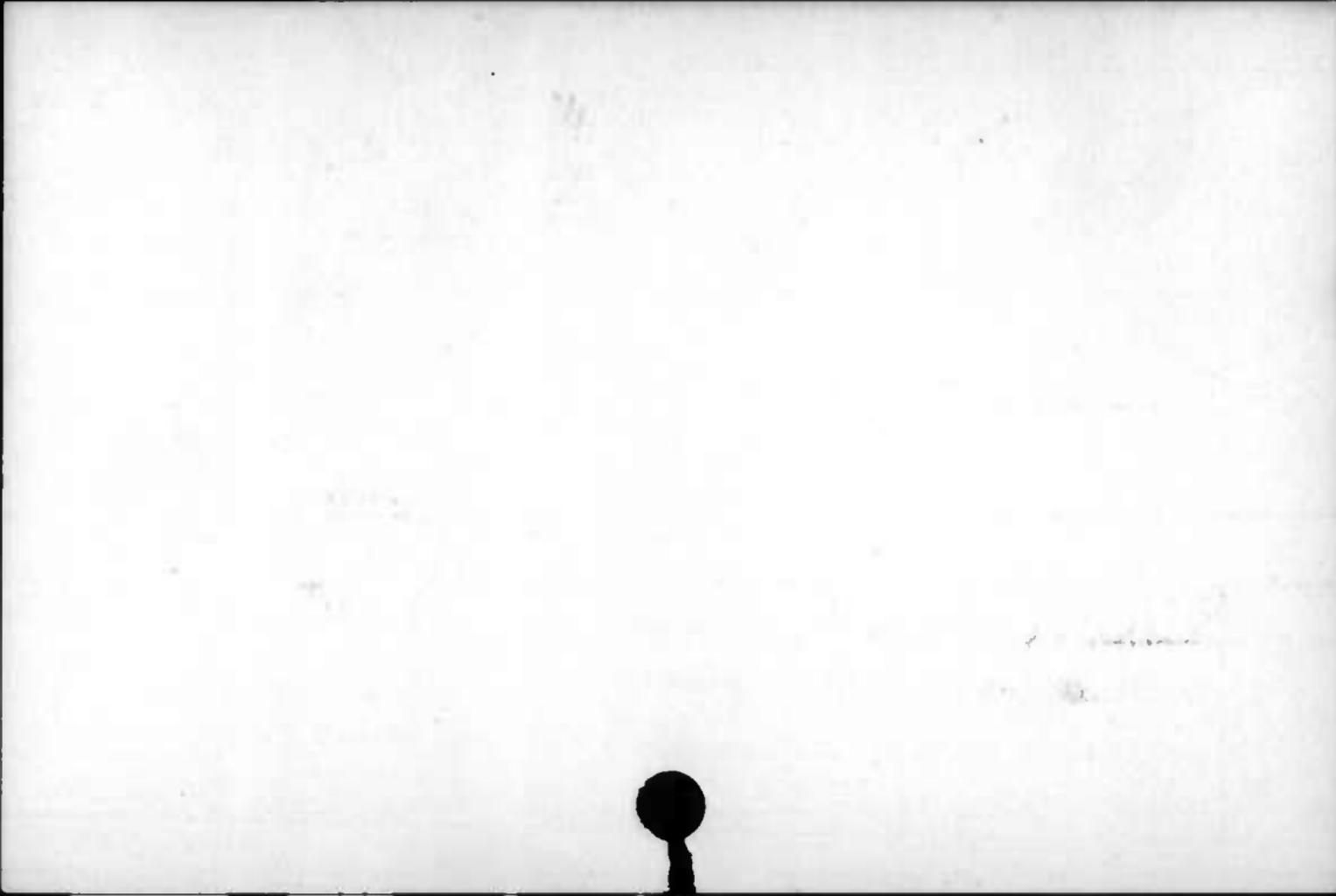
CERTIFICATE OF DEATH

Town	County		
Died at <u>New Jersey</u>	<u>Barnett</u>		
Date of death <u>1907</u>	Month <u>11</u>	Day <u>23</u>	Years <u>72</u>
Age <u>72</u>	Months <u>6</u>	Days <u>16</u>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Barnett Co Ind</u>	
Occupation <u>Housewife</u>	Where Residing if not at place of death		
Married, Single or Widowed <u>Maided</u>	Name of Wife or Husband <u>Thomas Forney</u>	Father's Birthplace <u>Ind</u>	
Father's Name <u>Felix Fries</u>	Mother's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Zydia Angell</u>	How related to deceased <u>Daughter</u>		
Name of person giving information <u>Clara R Bankard</u>	How long <u>4 years</u>		

CAUSES OF DEATH

130

Primary <u>Procedentia with ulcer</u>	How long <u>4 years</u>
Immediate <u>and age & exhaustion</u>	How long <u>6 months</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<u>g</u>	Address
Accident or Suicide?	<u>Charles D. Root</u> <u>Janybun</u> <u>Ind</u>



Name
in
Full

Nathan H. Franklin.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	67	10	2
Occupation	Where Residing if not at place of death	Carroll Co., Md.			
Married, Single or Widowed	Name of Wife or Husband	Taylorsville, Md.			
Father's Name	Harkness	Harkness			
Mother's Maiden Name	Unknown	Unknown			
Name of person giving information	Ecenith Edwards	How related to deceased 120 wife,			
CAUSES OF DEATH					
Primary	Chronic. Interstitial. Nephritis about three years.				
Immediate	Urine. Coma two days				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Q Yes.		Address			

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

A. T. Conk
Taylorsville, Md

Accident or Suicide?

Taylorsville

Name
in
Full

Samuel Hauer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Bachman's Mills	Town	Carroll	County	MARYLAND							
Date of death	1907	Month	11	Day	6	Years	Age	93	Months	2	Days	26
Sex	Male	Color or Race	White	Birth- place	unknown							
Occupation	Laborer		Where Residing if not at place of death		Residence							
Married, Single or Widowed	Name of Wife or Husband											
Father's Name	Abraham Hauer				Unknown							
Mother's Maiden Name	Elizabeth Hauer				Unknown							
Name of person giving Information	Wife.				Wife.							

CAUSES OF DEATH

95

PHYSICIAN
OR CORONER

Primary

Edema of Lungs

unknown

Immediate

Paralysis of heart

five minute

Are the name, age, sex, color, date
and place correctly given above?

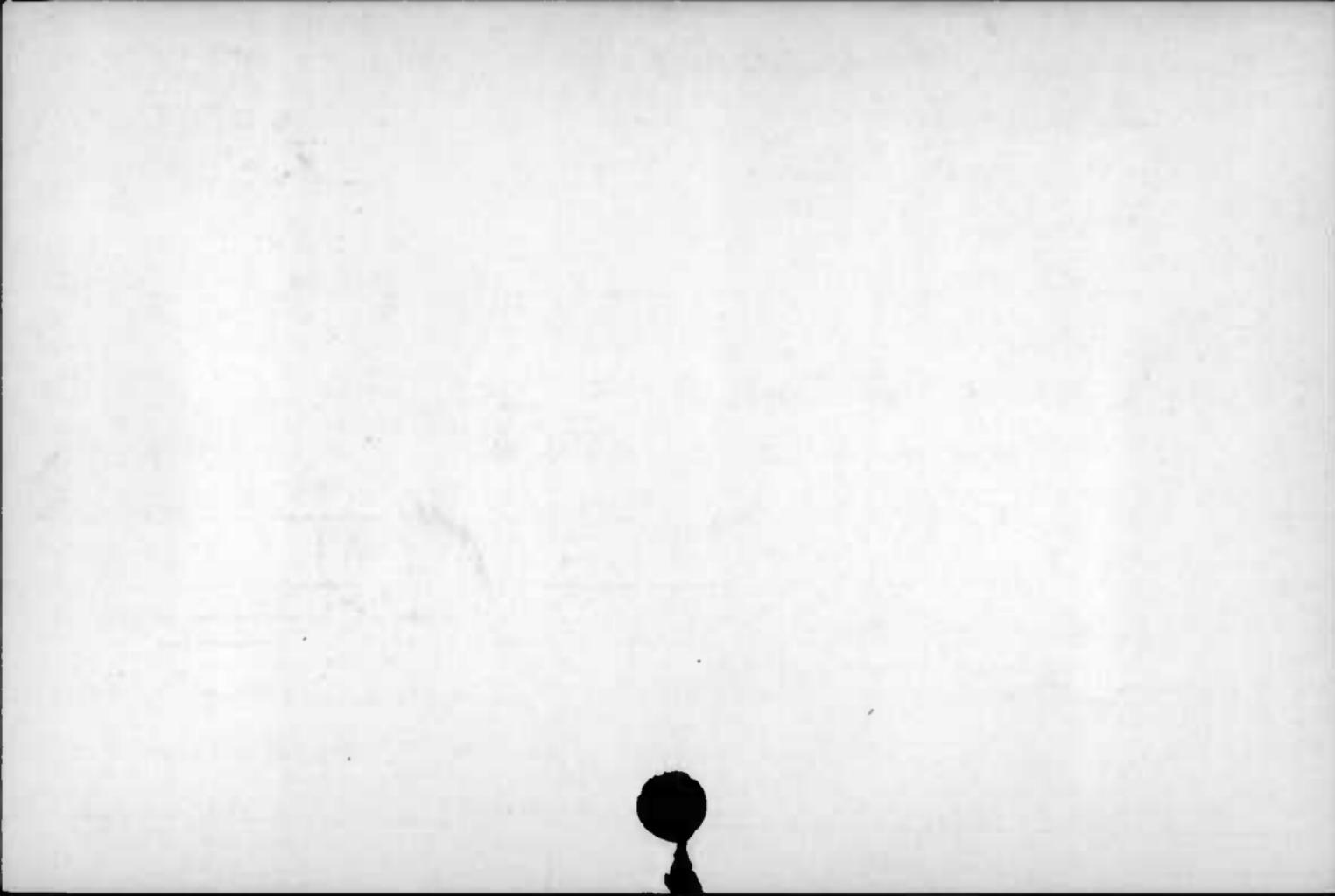
Signature of
Physician

Address

John S. Siegel
Melrose

Md

Accident or Suicide?



Name

in
Full

Sarah C. Hipsley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Died at	Sykesville	Carroll	Months	Years	Days
Date of death	Month	Day			
1907 Nov 20	Nov	20	Age	81	-
Sex	Female	Color or Race	White	Birth-place	Md.
Occupation	None	Where Residing if not at place of death	Springfield S. Hospital		
Married, Single or Widowed	Widow	Name of Wife or Husband	Don't know.		
Father's Name	Jacob. Streeper	Father's Birthplace	Unknown		
Mother's Maiden Name	Unknown	Mother's Birthplace	Unknown		
Name of person giving Information	Oliver Cross.	How related to deceased	Unknown		

CAUSES OF DEATH

154

How long

How long

1/2 hrs-

Primary

Senility -

Immediate

Dilatation of Heart.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

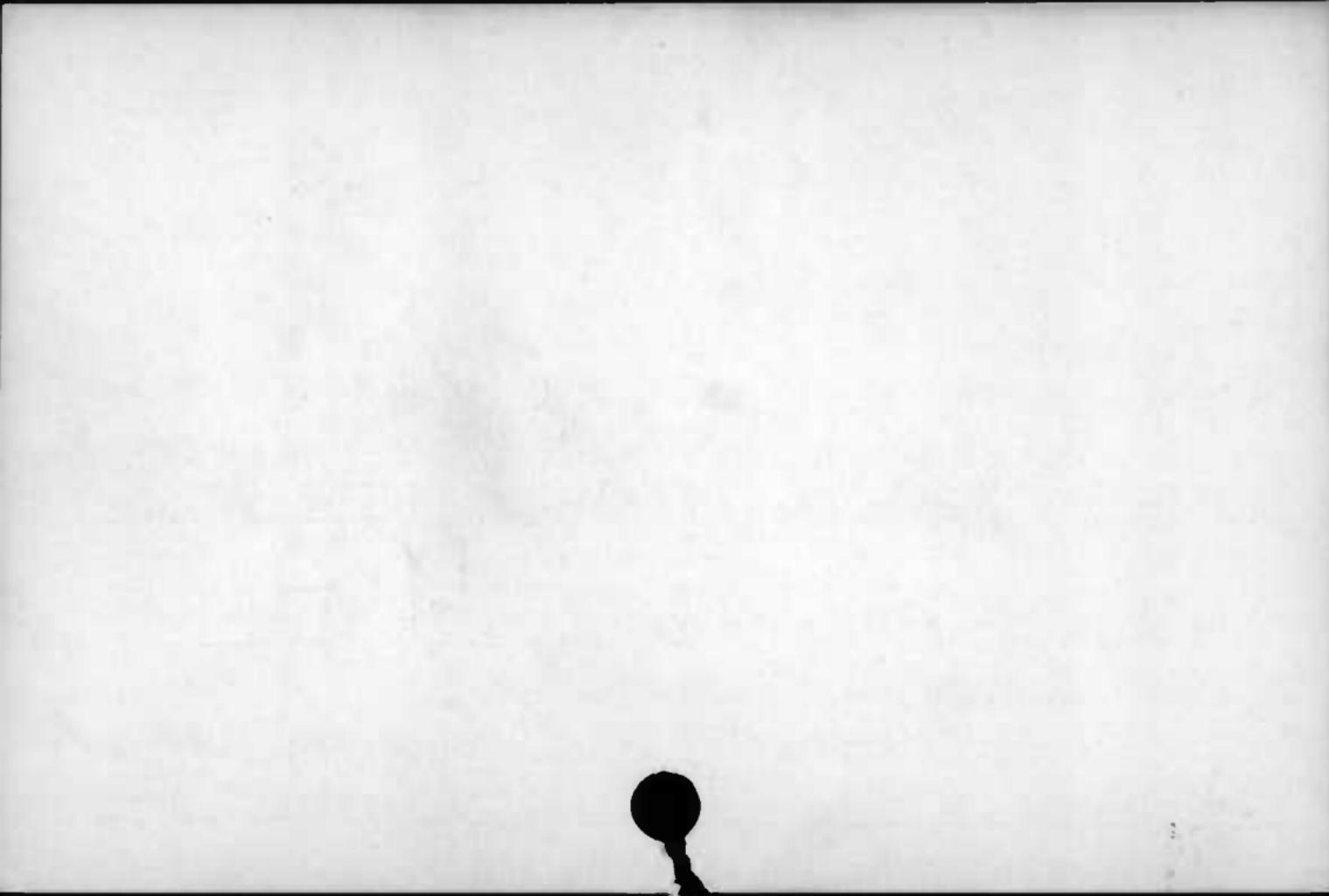
Newton W. Herskner

Address

Sykesville Md.

Accident or Suicide?

Neither



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

William Henry Horner				CERTIFICATE OF DEATH		
Died at	Town	County	MARYLAND			
Date of death 1907	Month Nov.	Day 12	Age 66	Years	Months	Days 2
Sex Male	Color or Race White	Birth-place Littlestown Pa				
Occupation Painter	Where Residing if not at place of death					
Married, Single or Widowed Married	Name of Wife or Husband Julia Anna Horner	Father's Name Jacob P. Horner	Father's Birthplace Littlestown Pa			
Mother's Maiden Name Susan King	Mother's Birthplace Littlestown	How related to deceased Wife				
Name of person giving Information	Julia Anna Horner					

CAUSES OF DEATH

64

Primary

Cerebral sclerosis

How long

Immediate

Cerebral apoplexy

How long

Are the name, age, sex, color, date and place correctly given above?

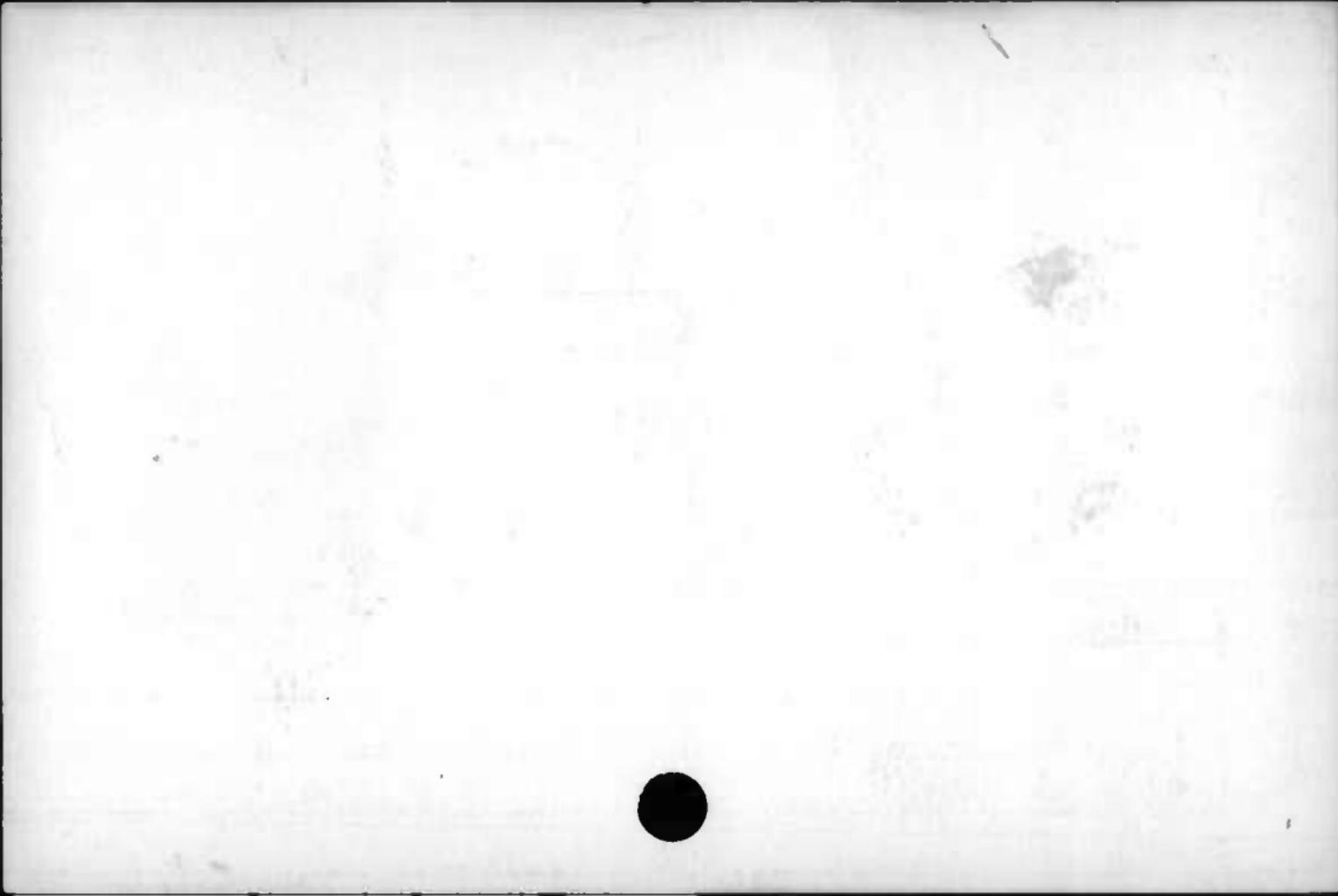
Yes

Signature of Physician

Address

N. Lewis Webster M.D.
Union Mills Md

Accident or Suicide?



Name
In
Full

Thomais Hughes

CERTIFICATE OF DEATH

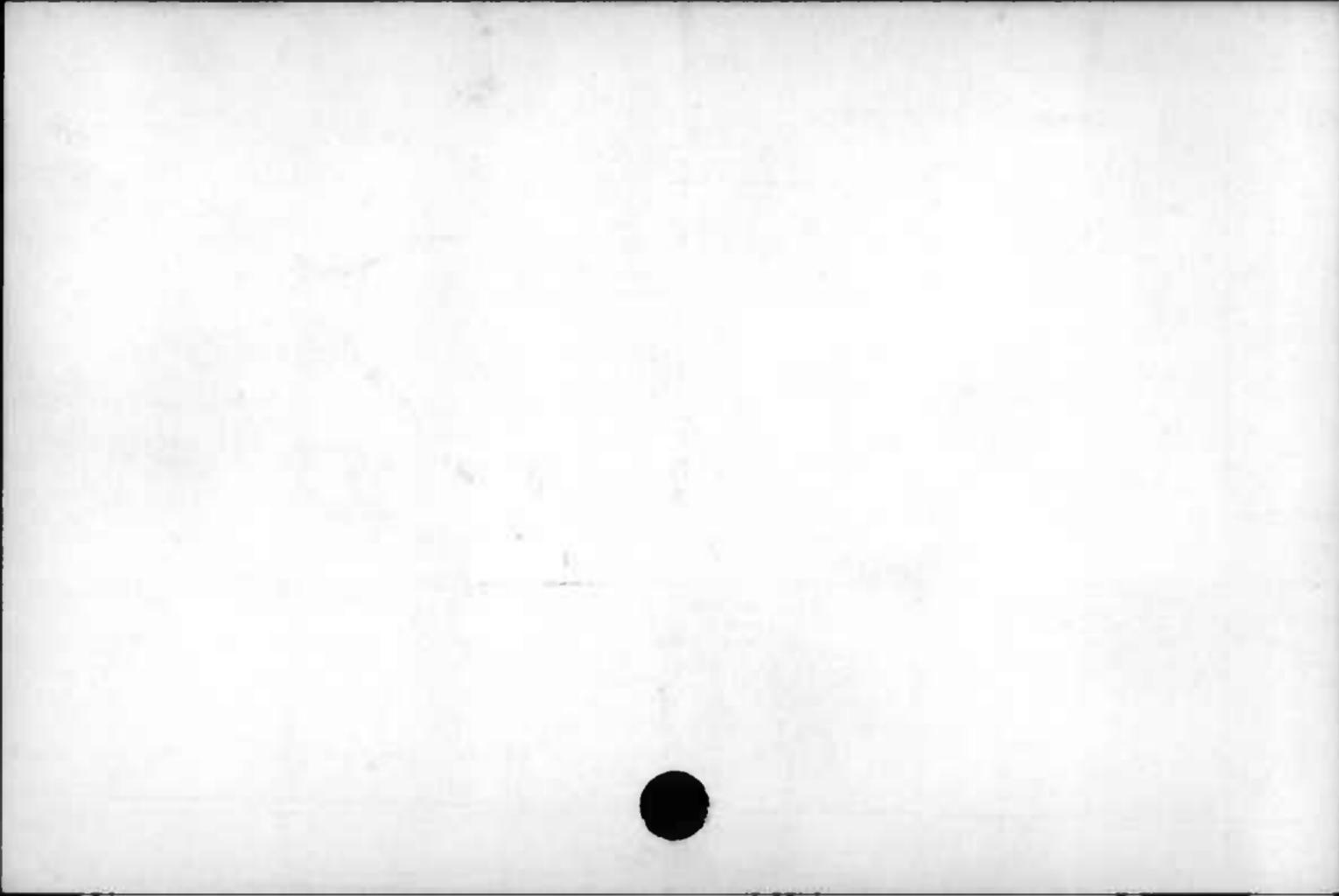
To BE ANSWERED BY
NEAREST FRIEND

Town		County			
Died at Springfield Hospital		Carroll		MARYLAND	
Date of death 1907	Month Nov.	Day 28"	Years Unknown	Months	Days
Sex male	Color or Race White	Birth-place Unknown			
Occupation Oyster dredger	Where Residing if not at place of death				
Married, Single or Widowed Unknown	Name of Wife or Husband				
Father's Name Unknown	Father's Birthplace Unknown				
Mother's Maiden Name "	Mother's Birthplace "				
Name of person giving information Hop. records	How related to deceased				

CAUSES OF DEATH

93

Primary Acute Mania	How long 23 months
Immediate Tubar Pneumonia	How long 5 days
Are the name, age, sex, color, date and place correctly given above? Unable	Signature of Physician Chas. J. Carey
Address Sykesville Md.	
to say	
Accident or Suicide? No.	



Name
in
FullTo BE ANSWERED BY
NEAREST FRIEND

Mervin Hains Kiler

CERTIFICATE OF DEATH

Died at Rosedale wood		Town Carroll		County		MARYLAND	
Date of death 1907 Nov	Month 13	Day	Years 13	Age 13		Months	Days 10
Sex Male	Color or Race White			Birth-place Maryland			
Occupation Farmer	Where Residing if not at place of death Rosedale wood						
Married, Single or Widowed single	Name of Wife or Husband			Father's Birthplace Maryland			
Father's Name Charles William Kiler			Mother's Birthplace Maryland				
Mother's Maiden Name Orlando Hains			How related to deceased Father				
Name of person giving information Charles Kiler			3 days				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever

How long 3 days

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Buried at St James cemetery

Name
in
Full

Christiana Kinney ✓

277

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Westminster	Town	County	MARYLAND
Date of death	1907	Month Nov	Day 9	Years 69
Sex	Female	Color or Race	white	Months 7 Days 26
Occupation	Housekeeper	Where Residing if not at place of death		
Married, Single or Widowed	Widow	Name of Wife or Husband	Head	
Father's Name	Thomas Webster	Father's Birthplace	Fredwood	
Mother's Maiden Name	Leah Jacobs	Mother's Birthplace	1611 Daughter	
Name of person giving information	Ms Harriet Glorner	How related to deceased		

CAUSES OF DEATH

115

PHYSICIAN
OR CORONER

Primary

Sarcoma of spleen

How long

6 mos

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Henry M. Tighbly M.D.

Address

100 E. Main Street

Westminster

Accident or Suicide?

Deer Park cemetery
Storer

Died at <u>Westminster</u>		Town	County <u>Carroll</u>		MARYLAND		
Date of death <u>1907 Nov 10</u>	Month	Day	Years <u>26</u>	Age	Months <u>2</u>	Days <u>24</u>	
Sex <u>Female</u>	Color or Race <u>white</u>			Birth-place <u>Maryland</u>			
Occupation <u>Household Work</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Maryann</u>			Father's Birthplace <u>Maryland</u>			
Father's Name <u>Lewis P Manning</u>			Mother's Birthplace <u>Alb</u>				
Mother's Maiden Name <u>Emily Barnes</u>			How related to deceased <u>Mother</u>				
Name of person giving information <u>Emily Manning</u>							

CAUSES OF DEATH

76

How long

10 days

How long

10 days

Primary

Cold & Abscess of Ear

Immediate

Meningitis

Are the name, age, sex, color, date and place correctly given above?

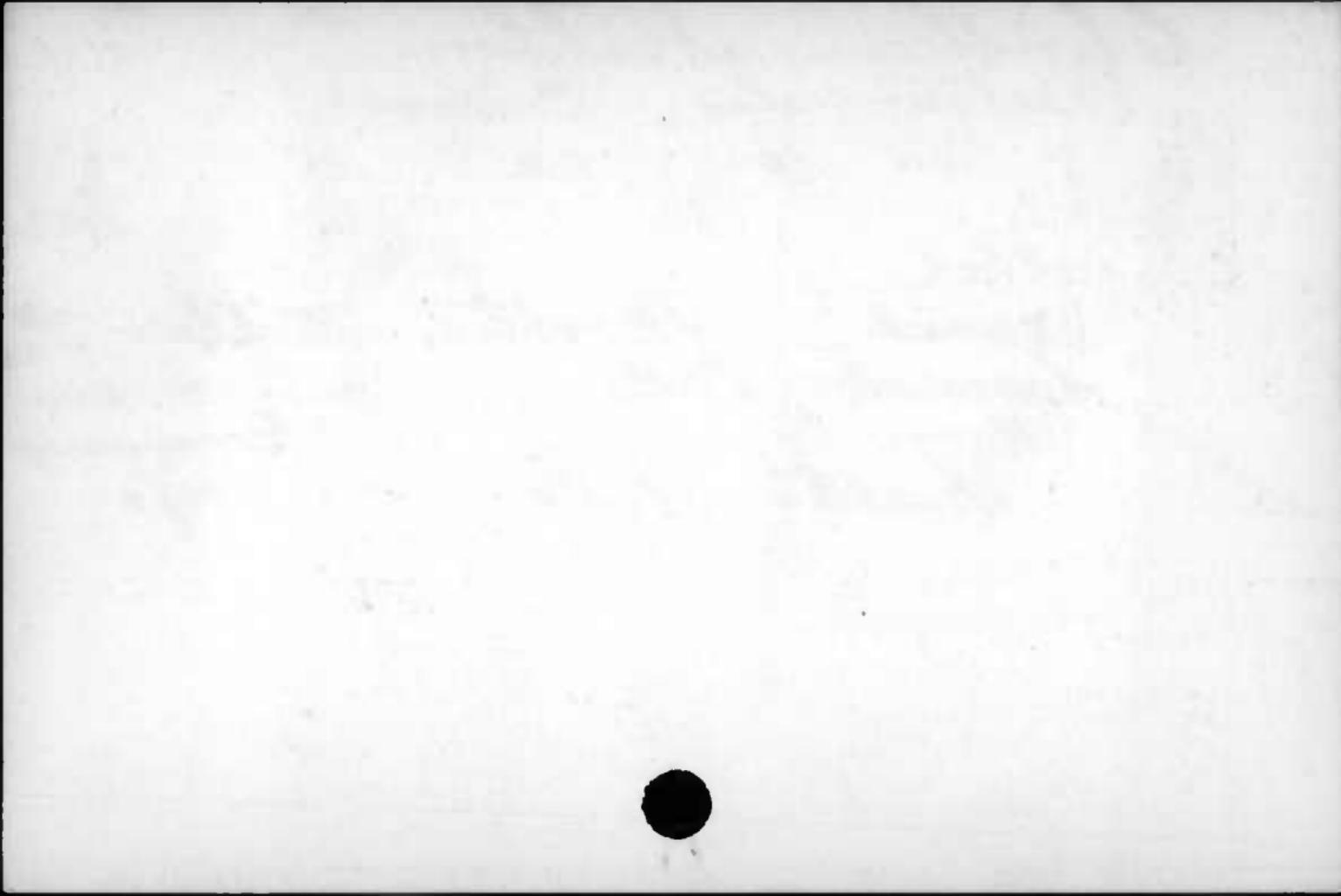
Signature of Physician

Address

Jas. H. Bellinger M.D.
Westminster Md.

Accident or Suicide?

No



Name
in
Full

Christina Miller

278

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Westminster	Town	County	MARYLAND
Date of death	1907	Month Nov	Day 10	Years 80 Months 10 Days 5
Sex	Male	Color or Race	White	Birthplace Fred Leo Md
Occupation	Retired	Where Residing if not at place of death	Westminster	
Married, Single or Widowed	Married	Name of Wife or Husband	Martha Miller	Miller
Father's Name	Leonard Miller		Father's Birthplace	Germany
Mother's Maiden Name	Mary Everlyock		Mother's Birthplace	Germany
Name of person giving information	Martha Miller		How related to deceased	Wife

CAUSES OF DEATH

154

How long

PHYSICIAN
OR CORONER

Primary

Fraility

Immediate

Heart Failure

How long

13 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

A. Schick Barr

Westminster

Ma.

Accident or Suicide?

Beaver Dam Cemetery
Stones

7
11
12

Name
in
Full

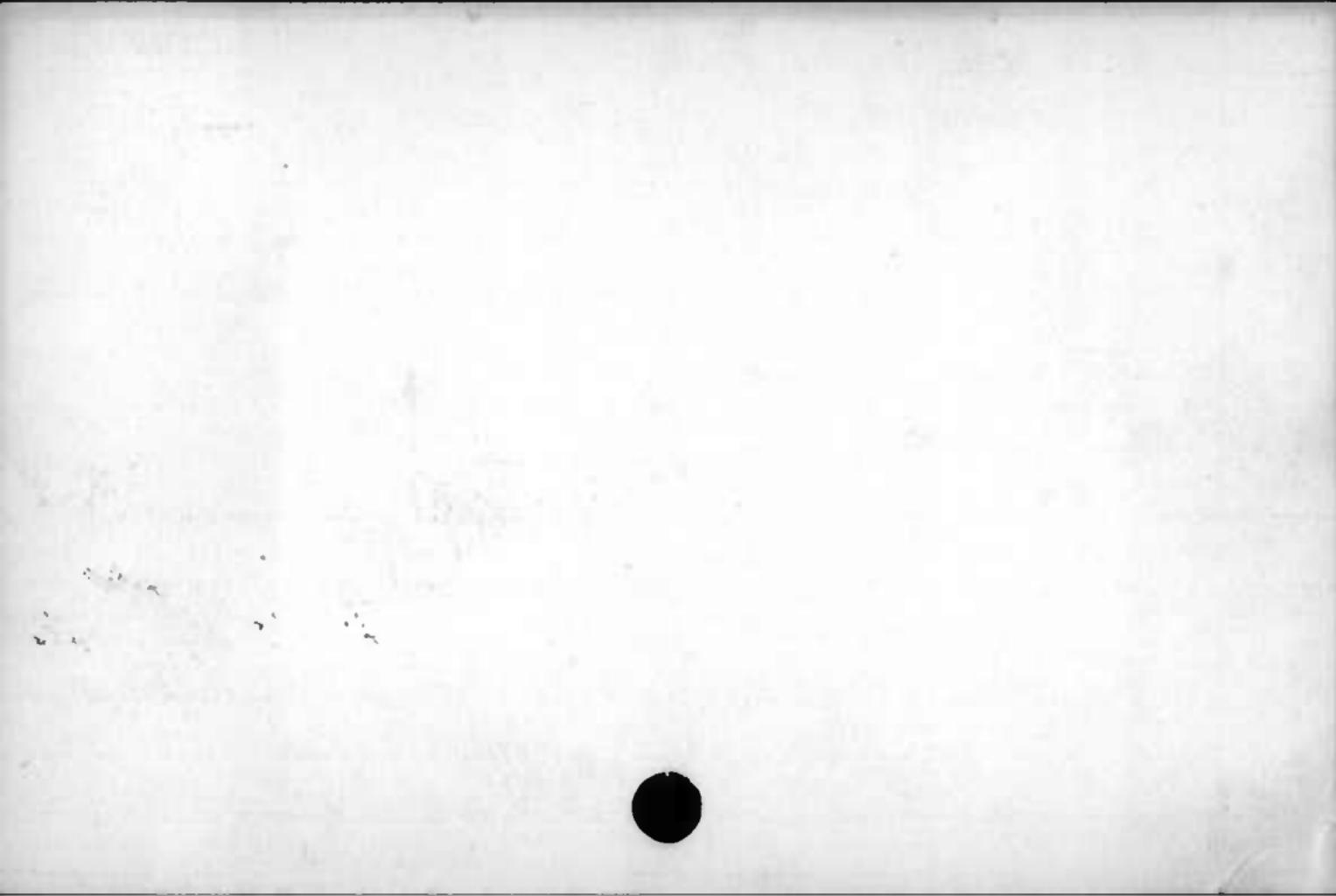
To BE ANSWERED BY
NEAREST FRIEND

Mrs Eliza Ingers				CERTIFICATE OF DEATH			
Died at		Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days		
1907	Nov	26	78	7	29		
Sex	Female	Color or Race	White	Birth-place	Garrison Co.		
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	John P. Ingers	Father's Name	Michael Stair		
Father's Name	Michael Stair		Gardiner Co., Pa.	Mother's Birthplace	Elizabet Ingers		
Mother's Maiden Name	Elizabet Ingers		Garrison Co., Pa.	How related to deceased	John P. Ingers		
Name of person giving information	John P. Ingers		Husband	(90)			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Complication of diseases 2 months
Immediate Capillary Bronchitis 9 days
Are the name, age, sex, color, date How long
and place correctly given above? Yes
Signature of Physician G. Lewis Wetzel, M.D.
Address Union Mills Ind.
Accident or Suicide?



Name
in
Full

Franklin V. Parker.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death 1907	Month Nov.	Day 11.	Years Age 37.	Months	Days	
Sex Male.	Color or Race White.	Occupation Mechanic.				
Married, Single or Widowed Single.						
Name of Wife or Husband						
Father's Name Columbus Parker.	Father's Birthplace Maryland.					
Mother's Maiden Name Tobithia A. Dell.	Mother's Birthplace Maryland.					
Name of person giving information Howard Parker	How related to deceased Brother.					

CAUSES OF DEATH

93

Primary

Pneumonia.

Two days.

Immediate

Exhaustion & Suffocation

Two days.

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

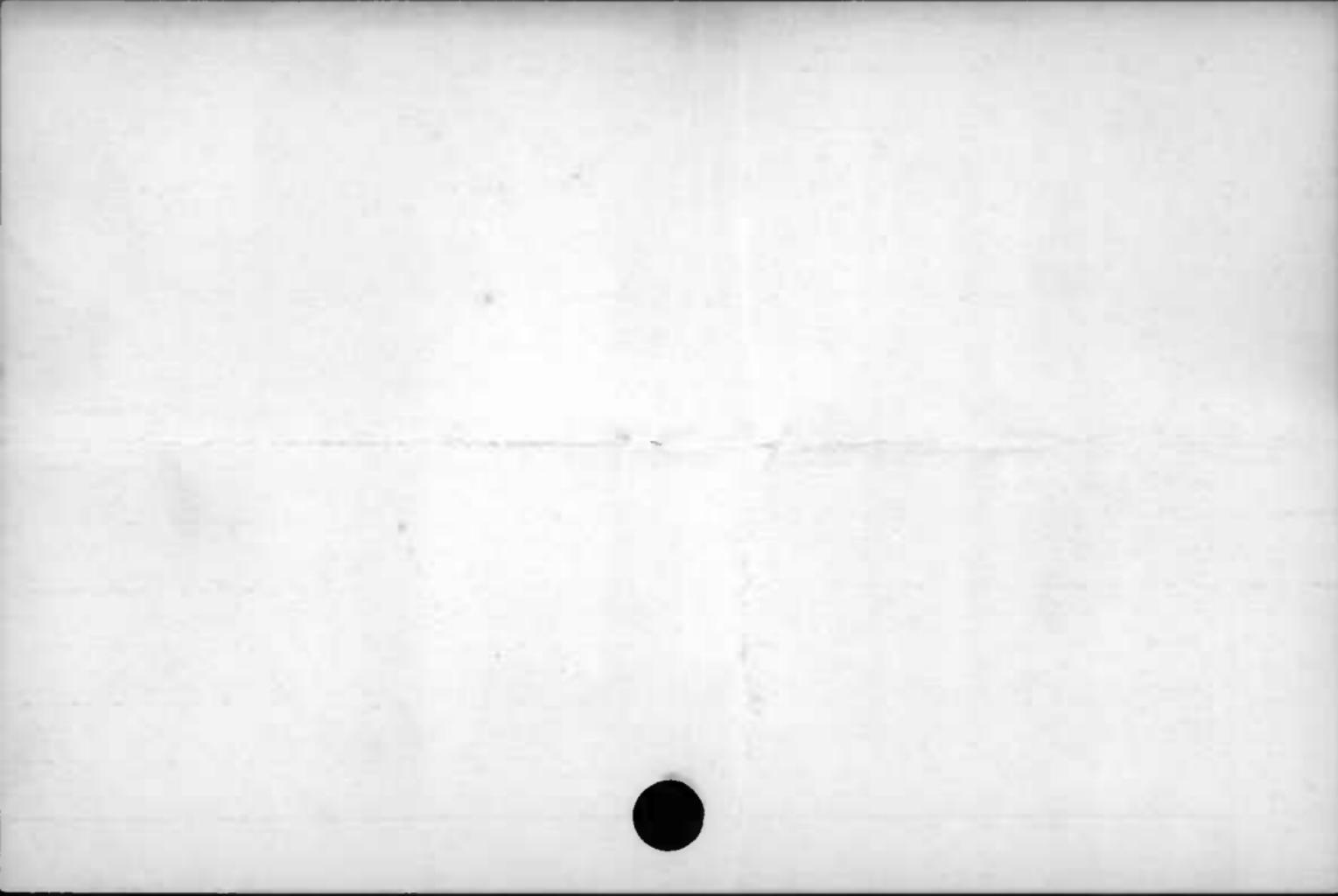
J.W. W. Ward, M.D.

Address

Harrisonville,
Balto. Co. Md.

PHYSIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Susan J. Redgrave -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Sykesville	Carroll		Months	Days	
Date of death	Month	Day	Years	Age	
1907 Nov	21		83	83	
Sex	Color or Race		Birth- place	Md.	
F.	W.		Springfield State Hospital		
Occupation	Where Residing if not et place of death				
Housewife	Unknown.				
Married, Single or Widowed	Name of Wife or Husband				
Widow	Unknown.				
Father's Name	Father's Birthplace				
George Cromer -	Md				
Mother's Maiden Name	Mother's Birthplace				
Mary Burk	Md.				
Name of person giving Information	How related to deceased				
Mrs R. B. Cromer	Niece -				

CAUSES OF DEATH

(92)

How long

Primary	Senile Dementia -		How long	
Immediate	Broncho Pneumonia		4 days	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Newton W. Herschner	
		Address	Sykesville Md.	
Accident or Suicide?				



Name
in
Full

Elijah Margaret Rigler.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Husband	George Rigler.			
Father's Name	Sam'l. Elijah. (deceased)		Father's Birthplace	Yorktown	
Mother's Maiden Name	Elijah M. Feltman "		Mother's Birthplace	"	
Name of person giving information	George Rigler				

CAUSES OF DEATH

(64)

Primary

Aphoplexy.

How long

six hours.

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

A. T. Frank
Taylorsville. Md

PHYSICIAN
OR CORONER

Bethany

Name
In
Full

Mary E Riley

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Age	Birth-place	Place of death	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Ide Riley	Carroll Co Md				
Mother's Maiden Name	Martha Dynal	Carroll Co Md				
Name of person giving information	Ide Riley	How related to deceased Father				
CAUSES OF DEATH						
Primary	Cerebro Spinal Meningitis					How long
Immediate						8 days
Are the name, age, sex, color, date and place correctly given above?						
Signature of Physician						
Address						

PHYSICIAN
OR CORONER

Immediate

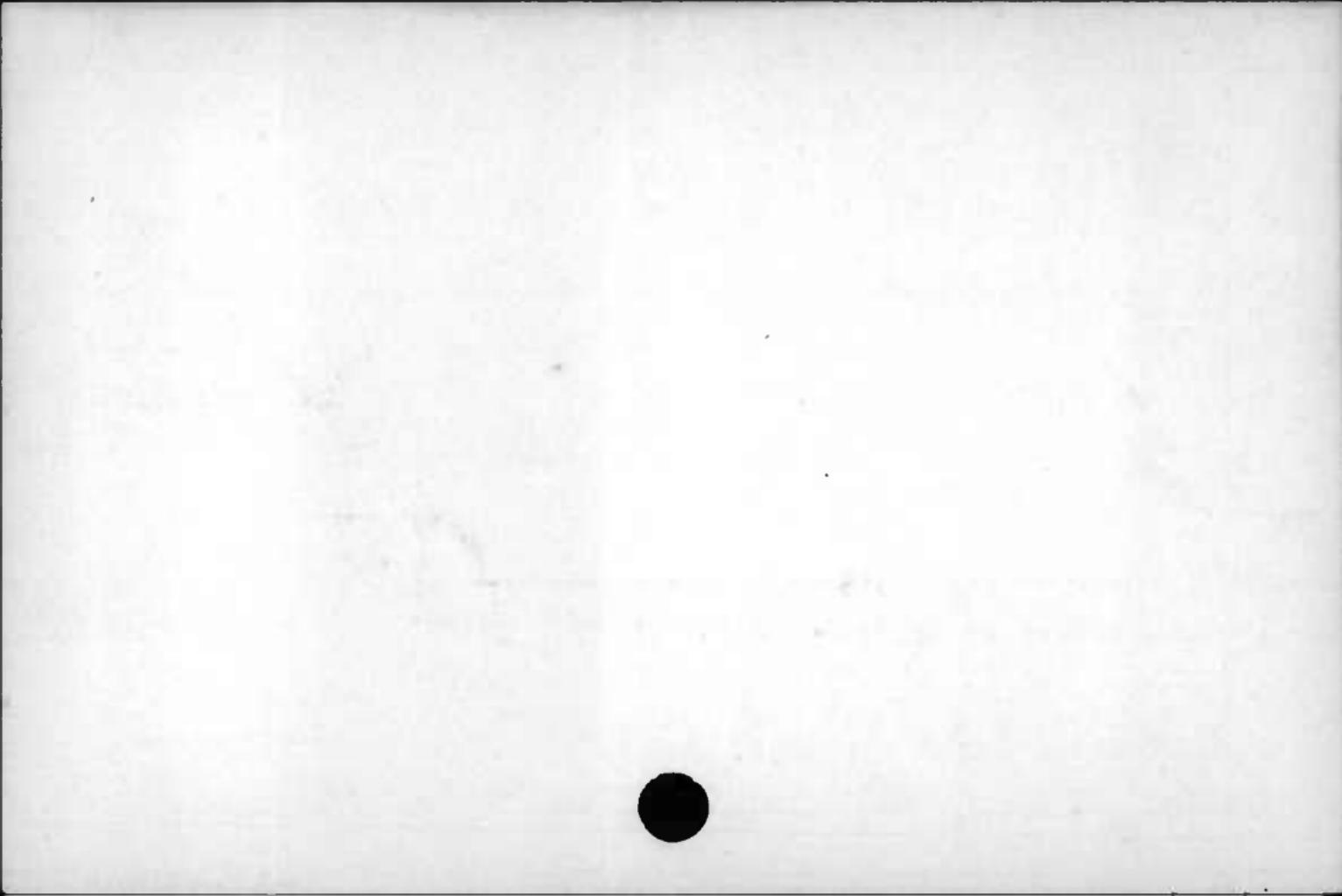
Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J H Sherman MD
of Manchester
Md

Accident or Suicide?



Name
in
Full

Allen P. Selby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>New Port Jervis</u>		Town	County <u>Carroll</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Nov</u>	Day <u>14</u>	Years <u>10</u>	Age <u>10</u>	Months <u>7</u>	Days <u>0</u>
Sex <u>Male</u>	Color or Race <u>white american</u>			Birth-place <u>Baltimore Md</u>		
Occupation <u>-</u>	Where Residing if not at place of death <u>-</u>					
<u>Single</u>	Name of Wife or Husband <u>-</u>				Father's Birthplace <u>Hagerstown Md</u>	
or Widowed					Mother's Birthplace <u>Carroll Co Md</u>	
Father's Name <u>Caleb W. Selby</u>				How related to deceased <u>Father</u>		
Mother's Maiden Name <u>Sue Ensey</u>						
Name of person giving Information <u>C. W. Kelly</u>						

CAUSES OF DEATH

34

Primary General Tuberculosis How long 6 mo.Immediate -How long -

Are the name, age, sex, color, date and place correctly given above?

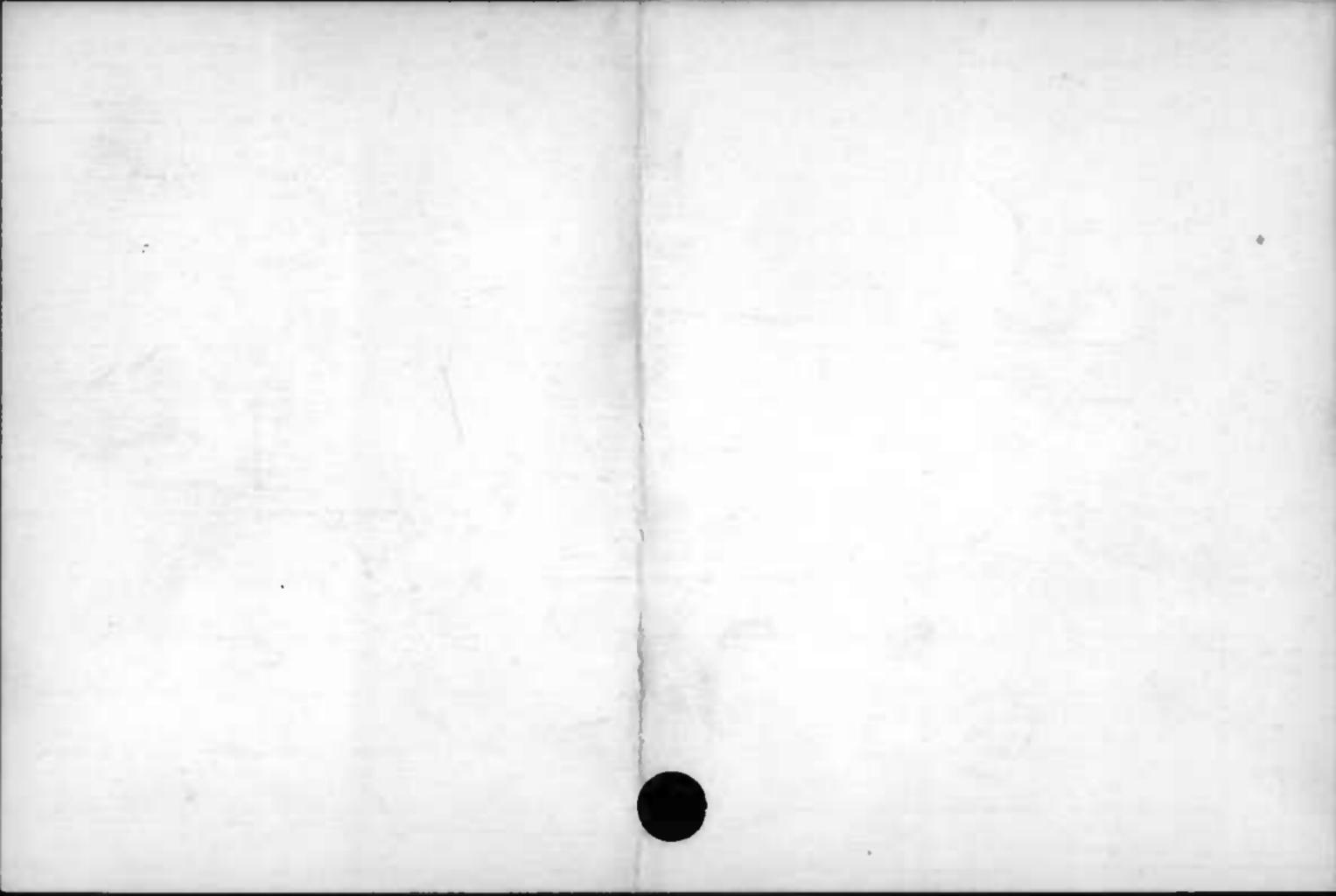
Yes

Signature of Physician

W. E. Davis
New Port Jervis Md

Address

Accident or Suicide?



Name
in
Full

Lloyd Henry Shipley

273

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1907	November	5 th	Age 76
Sex	Male	Color or Race	White
Occupation	Farmer		
Married, Single or Widowed	Widower	Name of Wife or Husband	Jaffa Ann Gorsuch
Father's Name	James Shipley		
Mother's Maiden Name	Cassie Pool		
Name of person giving information	H C Shipley		
CAUSES OF DEATH			
Primary	Bright's Disease		
Immediate			
Are the name, age, sex, color, date and place correctly given above?		Yes	
		Signature of Physician	
		Address	
		120	
		How long	
		10 days	

PHYSICIAN
OR CORONER

Accident or Suicide?

Bamboo

Name
in
Full

No Name Short.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	11	3	6		2
Sex	Color or Race	Age	Birth-place		
Male	white	6	Ind		
Occupation	Where Residing if not at place of death				
None					
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace	Mod	
Single	Harry Short		Mod		
Father's Name			Mother's Birthplace	Mod	
Mother's Maiden Name	Alice Perry		Mod		
Name of person giving information	Harry Short		How related to deceased	Father	

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary Non closure of Foramen ovale 2 days -

Immediate Systemic Poisoning Heart failure " "

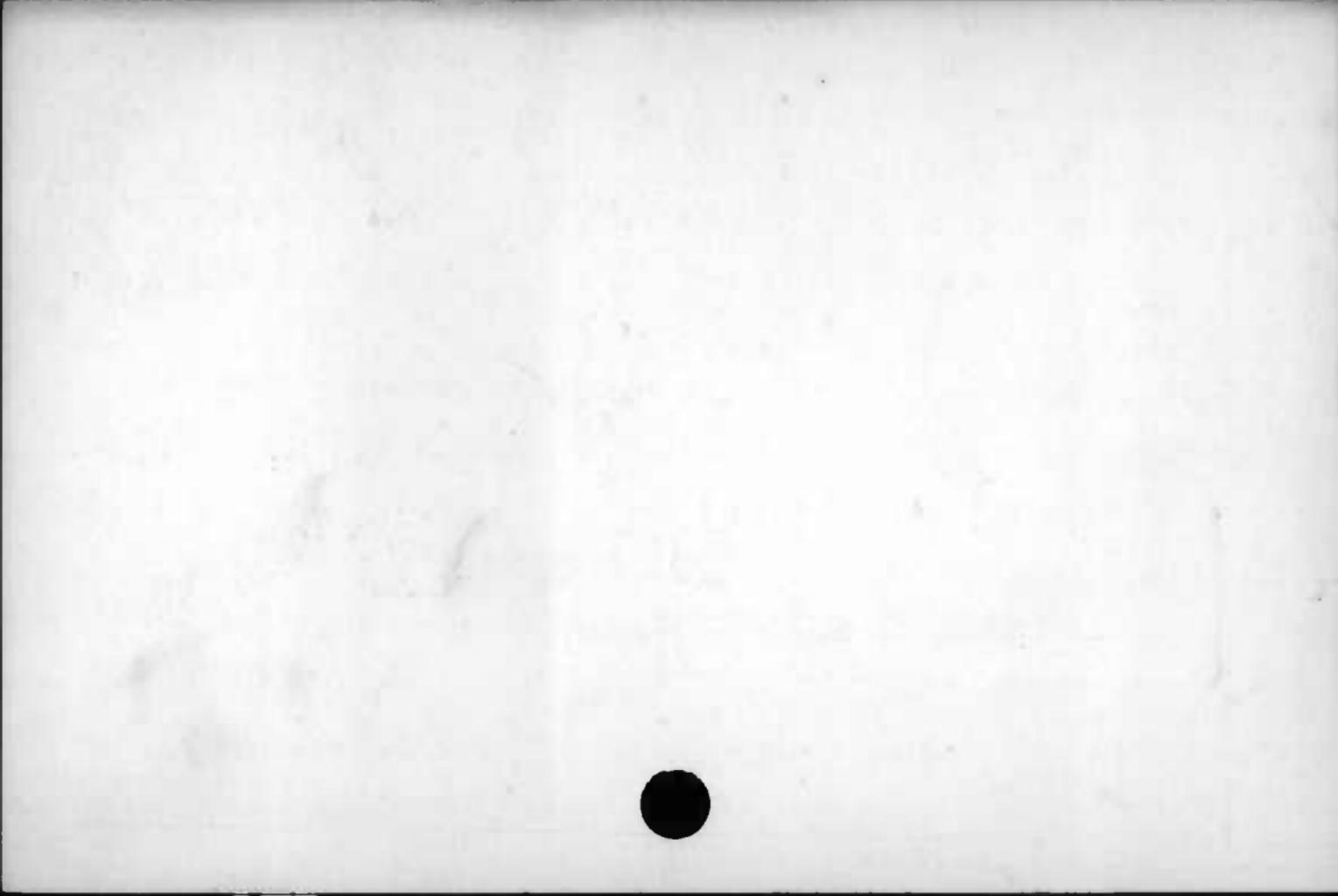
Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Signature of Physician

Address

J. H. Suess.
Jaeyson, M.D.



Name
in
Full

Moses Silverman

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Sphererville		Town	County Carroll		MARYLAND	
Date of death 1907	Month Nov.	Day 7	Years 58	Age	Months	Days
Sex male	Color or Race white	Birth-place Russia				
Occupation Merchant		Where Residing if not at place of death Baltimore				
Married, Single or Widowed	Name of Wife or Husband	unknown				
Father's Name	unknown	Father's Birthplace Russia				
Mother's Maiden Name	unknown	Mother's Birthplace Russia				
Name of person giving Information	W. Lewis	How related to deceased Cousin				

CAUSES OF DEATH

57

PHYSICIAN
OR CORONER

Primary	alcoholic cirrhosis	How long	4 months
Immediate	Hepatitis	How long	1 month

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. H. Clark
Sphererville

Accident or Suicide?

No



Name
in
Full

Louis Blanch Louis Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place	resound his		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Albert M. Brown				
Mother's Maiden Name	Elizabeth A. Brown				
Name of person giving information	Edward Roop				

CAUSES OF DEATH

108

Primary Intestinal Obstruction

How long Five days

Immediate Dilatation of Heart

How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. J. E. Whitelaw

Address

New Windsor
Md.

Accident or Suicide?



Name
in
Full

Barbara Ellen Thomson

274

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	69 10 3
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	James Thomson	
Father's Name	John Warner	Father's Birthplace	Maryland
Mother's Maiden Name	Louise Knorr	Mother's Birthplace	
Name of person giving Information	Harry Thomson	How related to deceased	Son

CAUSES OF DEATH

120

Primary	Chronic Nephritis; Pneumonia	Don't know
Immediate	Uremia & Pneumonia	3 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	No	Maryland

Wernher

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Mt. airy</u>		Town	County <u>Carroll</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Nov</u>	Day <u>26</u>	Age <u>39</u>	Years <u>39</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White American</u>			Birth-place <u>Frederick Co Md</u>		
Occupation <u>Hotel Proprietor</u>	Where Residing if not at place of death <u>—</u>		<u>Stella M Wilson</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Stella M Wilson</u>			Father's Birthplace <u>Fredk Co Md</u>		
Father's Name <u>Wm C. Wilson</u>			Mother's Birthplace <u>Fredk Co Md</u>			
Mother's Maiden Name <u>Cydia J. Watkins</u>			How related to deceased <u>Mother</u>			
Name of person giving information <u>A. E. Wilson</u>						

CAUSES OF DEATH

167

Primary <u>Scalded from exploding boiler</u>	How long <u>12</u>
Immediate <u>Sepic Infection</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <input checked="" type="checkbox"/>	Signature of Physician <u>W. E. Gower</u>
	Address <u>Mt. airy Md</u>
Accident or Suicide? <input type="checkbox"/>	

PHYSICIAN
OR-CORONER

